Approved for use through 7/3 1/2006, OMB 0651-0037
U.S. Potent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless a displays a yaid OMB pontrol number.

				******	FILED	TOT FOR	ETERMIN n PTO-876	ATIO	N RECC	DRD nber 8	:2004		Appl / O	cetton or D	18 004 10MB	pontrol au Humber
-	FOR	 	(Column 1)				(Column 2)		SMALL ENTITY				OR	O SA	OTHER THAN SMALL ENTITY	
BASIC FEE (37 GFR 1.16(4), (6), or (c))			NUMBER FILED NA		M	NUMBER EXTRA		FATE (1)		FEE (1)			RATE (\$)		FEE	
SEARCH FEE (37 CFR 1 16(H) (1), OX (M)) EXAMINATION FEE			. NA		· ·	NIA.		7	· NVA	100.				N/A		300.00
(3) CFR. 1.16(a), (p), ax (q)) TOTAL CLAMA			N/A .			1 N/A			NA		\$100			NIA	-	\$500
(D) CFR 1.18(f)			munus 20 a.		-			X\$ 25 .				OR.	X\$50		\$200	
APPLICATION SIZE			If the specification and d			drawing	rawings exceed 100		X100	=			٠	X200		
(37 CF	R 1.16(s))		Is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) an		piication entity) (fraction ind 37 c	ikation size fee due initiy) for each action thereof. See id 37 CFR 1 1600									ě	
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))							1	+180=	+	·	-	-	+360=	4	
Must descence in column 1 is less than zero, enter "o" in column 2. APPLICATION AS AMENDED - PART II									TOTAL				L	TOTAL	1	
Total AMEND Total AMEND Total AMEND Total Total AMEND Total Total AMEND Application Size Fee (37 C			AIMS AINING TER DMENT CFR 1.11	TO 1) (CONUMENT) IMS HIGHE NUME PREVIO PAID F MINUS 22 Minus 22			PRESENT EXTRA		X\$ 25 X100 +180=		ADOI- TIONAL FEE (\$)		×	OTHER T SMALL EN RATE (\$) (\$50 = (200 = 4360=		HAN ITITY ADDI- TIONAL FEE (\$)
T -		(Colum CLAI	MS T	·	(Coli HIGH	ımın 2)	(Column 3)		TOTAL VOO'L FEE	L		OR	- AD	TAL D'L FEE		#
	Total R 1.16(1)	REMAII AFTE AMENDI	R MENT.	Minus.	NUM PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	TIC	DDI: ONAL EE (\$)		R	ATE (\$)	TR	- TOO!
Inden	endent R 1.16(h))	•		Minus			* .		C\$ 25 .			OR	X\$!	50 .		E (II)
	Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3)							E	(100 _	*****		OR I	X20	. 00		
		•						10	180=			οġ		60≈		
If the if the	entry in coi Highest N Highest N	lumn 1 is le uniber Pres	iss than the	he entry i	In column N THIS SI	2, write ? PACE is t	0" in column 3 ess than 20, e ess than 3, ent		D'L FEE	· · · · · ·		OR .	TOTA roda	L FEE		

The Highest Number Previously Paid For In this space is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) to the highest number (ound in the appropriate box in column 1.

This collection of information is required by 87 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the user) to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application come to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information officer, U.S. Patient and Tradamark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TQ: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.